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26479 7590 01/05/2005

STRAUB & POKOTYLO
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Michael P. Straub	(Depositor's name)
<i>Michael P. Straub</i>	(Signature)
April 5, 2005	(Date)

04/08/2005 WABDEL3 00000034 09615468

01 FC:1501 1400.00 OP
 02 FC:8001 9.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/615,468	07/13/2000	Stefan Jones	ALCATEL-4 (NCBE-1535)	4913

TITLE OF INVENTION: DYNAMIC GENERATION OF VIDEO CONTENT FOR PRESENTATION BY A MEDIA SERVER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	04/05/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
DEMICO, MATTHEW R	2611	725-143000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list

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(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Michael P. Straub2 Straub & Pokotylo

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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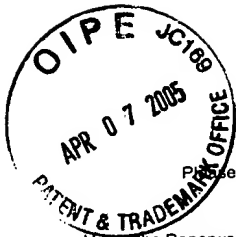
*Michael P. Straub*Date April 5, 2005

Typed or printed name

Michael P. StraubRegistration No. 36,941

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/615,468
	Filing Date	July 13, 2000
	First Named Inventor	Stefan JONES
	Group Art Unit	2611
	Examiner Name	Matthew R. Demicco
Total Number of Pages in This Submission		Attorney Docket Number Alcatel-4 (NCBE-1535)

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form (Form PTOL-85B) <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Postcard Receipt <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Michael P. Straub (Reg. No. 36,941)
Signature	
Date	April 5, 2005

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